


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90199 039 ***150.00

DOCUMENT # P93000068034 1. Entity Name VISION 21 MANAGED EYE CARE OF TAMPA BAY, INC.					
Principal Place of Business 120 W FAYETTE STREET STE 700 BALTIMORE, MD 21201-3741			Mailing Address 120 W FAYETTE STREET STE 700 BALTIMORE, MD 21201-3741		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WEINSTEIN, AUDREY 6700 NW BROKEN SOUND PKWY #202 BOCA RATON, FL 33487				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALCORN, ANDREW		NAME		
STREET ADDRESS	120 W. FAYETTE ST., #700		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE, MD 212013741		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DALTON, MARK		NAME		
STREET ADDRESS	3033 N 44TH ST #269		STREET ADDRESS		
CITY-ST-ZIP	PHOENIX, AZ 85018		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change* <input type="checkbox"/> Addition	
NAME	WEINSTEIN, AUDREY		NAME		
STREET ADDRESS	621 NW 53RD ST. #700		STREET ADDRESS	6700 NW Broken Sound Parkway # 202	
CITY-ST-ZIP	BALTIMORE, MD 212013741		CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARNDT, KENNETH		NAME		
STREET ADDRESS	120 W FAYETTE ST, STE 700		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE, MD 21201		CITY-ST-ZIP		
TITLE	ASAT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLY, VICKIE		NAME		
STREET ADDRESS	120 W FAYETTE ST, STE 700		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE, MD 21201		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11; if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Audrey Weinstein</u> <i>Audrey Weinstein, Secretary, 4/27/06 877-730-2347</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

* Address change only; officers remain the same